

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032750

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 174

Primary Registration District No. 5444

Registrar's No. 25

FILED AUG 28 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) Lexington		c. CITY OR TOWN Lexington	
Length of stay in 1b Years		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE West of Lexington # 24		d. STREET ADDRESS (If outside, give location) 1850 Oneida	
3. NAME OF DECEASED (Type or print) CLARENCE		4. DATE OF DEATH Month August Day 21 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12, 1912
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Highway Maintenance		11. BIRTHPLACE (City and state or country) Sweet Springs, Mo. U.S.A.	
13a. FATHER'S NAME William Foster		13b. MOTHER'S MAIDEN NAME Tina Temple	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No		16. SOCIAL SECURITY NO. 24	
17. INFORMANT Mrs. Susie Foster		Address Lexington Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple fractures both legs, Pelvis And Abrasion & Contusion Fracture of skull. Died very suddenly. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Struck by a tractor trailer truck		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Operating a tractor mowing cutting weeds	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 8-21-63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office Bldg., etc.) US 24 west of Lexington Mo Lexington Lafayette MO		20f. CITY, TOWN, OR LOCATION Lexington Lafayette MO	
21. I attended the deceased from Death occurred at 11:00 AM 8-21-63		and last saw him alive on never	
22a. SIGNATURE (Degree or title) W. Martensmoe Coroner		22b. ADDRESS Odesse Mo.	
22c. DATE SIGNED 8-22-63		22d. LOCATION (City, town, or county) (State) Lexington, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-23-63	23c. NAME OF CEMETERY OR CREMATORY Machpelah Cemetery	
24. FUNERAL DIRECTOR Vaughn-Walker Lexington, Mo.		25. DATE RECD. BY LOCAL REG. 8-23-63	
26. REGISTRAR'S SIGNATURE Thurman Statton			

AUG 30 1963

SEP 26 1963

SEP 10 1963

David Roswell & Sons

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul H. Wilson

Licensed Embalmer No. 5192

P. O. Address Lexington, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.